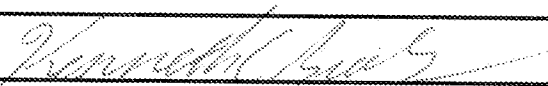
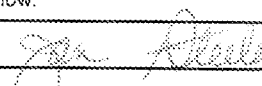


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|---|--|--|---------------|
| <b>TRANSMITTAL FORM</b>   |  | Application Number                       | 10/606,178    |
|   |  | Filing Date                              | June 24, 2003 |
|   |  | First Named Inventor                     | Alfred Tom    |
|   |  | Art Unit                                 | 2618          |
|   |  | Examiner Name                            | Zhiyu Lu      |
| <i>(to be used for all correspondence after initial filing)</i> |  | Total Number of Pages in This Submission | 17            |
|   |  | Attorney Docket Number                   | 060593-14     |

| ENCLOSURES (check all that apply)  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b><br/>         The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2811.       </div>  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |          |        |
|--|--|----------|--------|
| Firm                                       | Thelen Reid Brown Raysman & Steiner LLP  |          |        |
| Signature                                  |  |          |        |
| Printed Name                               | Kenneth C. Brooks  |          |        |
| Date                                       | October 15, 2007   | Reg. No. | 38,393 |

| CERTIFICATE OF TRANSMISSION/MAILING  |   |      |                  |
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| I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |   |      |                  |
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| Typed or printed name  | Jan Steele  | Date | October 15, 2007 |

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